

BOARD USE ONLY

- ☐ License w/o controlled substance authority \$365.00

☐ License w/controlled substance authority \$445.00

All application fees are nonrefundable

 License Cycle Oct 1 – Sept 30

Health Care Entity Application

This is for: ☐ New Location ☐ Change of Location ☐ Change of Ownership

☐ **Name Change Only (\$15.00 duplicate fee.)**

Demographic Information

CLINIC NAME		DATE CLINIC WILL BE READY FOR INSPECTION	
CLINIC LOCATION ADDRESS	CITY	STATE	ZIP CODE
CLINIC MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
NAME AND ADDRESS OF CORPORATION/PARENT COMPANY, PARTNERSHIP OR PROPRIETOR			
STATE OF INCORPORATION	CORPORATE NUMBER	DEA NUMBER	
OWNER'S TELEPHONE ()	CLINIC'S TELEPHONE NUMBER ()	FAX NUMBER ()	
CONTACT PERSON	TELEPHONE NUMBER ()	EMAIL ADDRESS	
CONSULTANT RPH	LICENSE NUMBER	TELEPHONE NUMBER ()	

Ownership Information—attach additional sheets as needed

Type of Ownership ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Government Owned

☐ Limited Liability Company

List names, addresses & titles of corporate officers, partners or owners

NAME	ADDRESS	TITLE

Ownership or Location Change Information

PREVIOUS OWNER'S NAME	
PREVIOUS NAME OF CLINIC	EFFECTIVE DATE OF OWNERSHIP CHANGE
PREVIOUS LOCATION	DATE OF LAST STATE INSPECTION

Have any applicant(s), partners and/or managers in charge had: 1) any convictions relating to the distribution of drugs (including samples); 2) any felony convictions; 3) any suspension(s) or revocation(s) of licensure of the manufacturer or distribution of drugs by federal, state or local laws of any license currently or previously held by the applicant(s) or manager(s)-in-charge in any of the states listed? ☐ Yes ☐ No
If yes, list and explain (attach additional sheets if necessary):

Have any applications for licensure been denied by any federal or state agency? ☐ Yes ☐ No
If yes, list and explain (attach additional sheets if necessary):

Certification

I, _____, being first duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made in the above application are true and correct.

Signature of Applicant _____

Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Signature _____

For the State of _____

SEAL

Residing at _____

My Commission Expires _____

Official Use Only
Washington State Records Center